COVID-19 REOPENING GUIDANCE

GOVERNOR’S ECONOMIC REOPENING TASKFORCE
Safeguarding Guidance:

These recommendations aim to reduce transmission of COVID-19 among practitioners and clients; support normal business operations, and maintain a healthy work environment.

In addition to strict adherence to U.S. Centers for Disease Control and Prevention (CDC), Equal Employment and Occupational Safety and Health Administration (OSHA) guidance, and US Food and Drug Administration (FDA), Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) CCAOM Clinic Infection Control Advisory, CCAOM Clean Needle Technique (CNT) 7th Edition Manual Jan 2016 edits, The State of New Hampshire recommends policies and procedures to protect consumers and employees, including:

General Guidance to Protect Employees and Clients:

1. Follow the Universal Guidelines for All New Hampshire Employers and Employees.
2. If massage or therapeutic body work is being conducted, review and follow NH guidance for massage and bodywork.
3. Review CDC guidance for businesses and employers.
4. Review CDC guidance for cleaning and disinfection.
5. Review and follow the Council of Colleges of Acupuncture and Oriental Medicine’s (CCAOM) Clinic Infection Control Advisory.
6. All clients MUST wear a cloth face covering over nose and mouth when within the facility. If the client does not have a cloth face covering, the practitioner will provide a face mask to the client. When the client is face down in a headrest, a ready-made face-cradle cover can be used in place of a face mask. The cover must create a sizable hammock-type pocket underneath the mouth and nose to both allow the patient to breathe and catch respiratory droplets.
7. All staff MUST wear at a minimum a cloth face covering over the nose and mouth at all times when within the facility, even when alone in client service areas (e.g. cleaning and disinfecting after services). If available, a surgical face mask can be worn by practitioners providing direct patient care in accordance with CCAOM guidance.
   a. Cloth face masks/coverings should be worn and managed according to CDC guidance about use of cloth face coverings.
   b. Review also the NH DHHS information about using cloth face coverings.
8. Staff and clients wearing face coverings/masks must not touch their eyes, nose, mouth, or face, or adjust their face mask without first sanitizing hands. After touching face or adjusting mask, hands must be sanitized.
9. Alcohol-based hand sanitizer must be made readily available at the reception area and client service areas for frequent use by both staff and clients.
10. Require all staff to report any symptoms of COVID-19 or close contact to a person with COVID-19 to a supervisor. Staff and members should not be present in the facility if they feel sick.
11. Staff and clients both should be screened before each shift (for staff), and before the appointment (for clients) by asking if the individual:
a. Has any symptoms of COVID-19 (see Universal Guidelines for list of potential symptoms) or fever of 100.4 degrees F or higher.

b. Has had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days. (NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question)

c. Traveled in the past 14 days either:
   d. Internationally (outside the U.S.),
   e. By cruise ship, or
   f. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.).

12. Person(s) with any COVID-19 symptoms, those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors should **not** be allowed into the facility:
   a. Symptomatic persons should be instructed to contact their health care provider to be tested for COVID-19 and self-isolate at home following the instructions below.
   b. Asymptomatic persons reporting close contact with someone suspected or confirmed with COVID-19, or who report one of the traveled-related risk factors should self-quarantine for 14 days from their last exposure or return from travel.
   c. NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question

13. Person(s) with any COVID-19 symptoms, those who report close contact with someone suspected or confirmed with COVID-19, or those reporting travel risk factors should **not** be allowed into the sporting event:
   a. (NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question)

14. Person(s) with suspect or confirmed COVID-19 must stay home until symptom-based criteria are met for **discontinuation of isolation**:
   a. At least 10 days have passed since symptoms first appeared **AND**
   b. At least 3 days (72 hours) have passed since recovery (recovery is defined as resolution of fever off any fever reducing medications plus improvement in other symptoms)

15. Staff and clients should maintain a distance of at least 6 feet from others in the facility at all times except for when practitioners are performing direct patient care services.

**Definitions:** According to Section 328-G:2 I. "Acupuncture" means the insertion of needles primarily through the skin at certain points on the body, with or without the application of electric current and/or heat, for the purpose of promoting health and balance as defined by
the principles of oriental medicine. II. "Acupuncturist" means a person licensed to practice acupuncture as defined in this chapter, and whose license is in good standing. Acupuncturists must use sterile, disposable, one-use needles and must use the CCAOM Clean Needle Technique.

**Scope of Practice**

Acp 601.03 The Scope of Practice of Licensed Acupuncturists. Pursuant to RSA328-G:10, I and II, the scope of practice of licensed acupuncturists shall include but is not to be limited to the following services:

a) Acupuncture and related techniques, including:
   a. Percutaneous techniques,
   b. Transcutaneous acupuncture techniques, such as:
      Non-penetrating surface stimulation with needles or related surface stimulation devices, Surface stimulation with magnets, rhythmic tapping devices, pieces of metal, or seeds; and Cupping, the application of suction devices on the skin;

b) Moxibustion and other treatments using heat, light, color, sound, electromagnetism, and herbs

c) Electroacupuncture, with or without needles, for detection of acupuncture points, diagnosis of energetic imbalances, or treatment with devices.

d) Bodywork, including massage and oriental manipulation of skeletal and soft tissue for the correction of blockages of energy in the acupuncture channels and the surrounding tissue.

e) Diagnostic and physical examination procedures.

f) Therapeutic exercise, martial arts, and breathing techniques.

g) Dietary counseling, including the therapeutic use of food and supplements.

h) The prescribing of herbs, oriental patent medicines, and homeopathically prepared substances.

i) Stress reduction through such methods as meditation and relaxation techniques.

j) Lifestyle counseling towards achieving physical, mental, emotional, and spiritual balance in daily life.

To include:

RSA 328-G:2, X, Acupuncture detoxification specialist (ADS) or (certificate holder) means an individual certified by the board to practice acupuncture detoxification in this state, under supervision provided by a New Hampshire licensed acupuncturist who shall be available by
phone or other electronic means during business hours and who conducts at least two site visits per year as defined in RSA 328-G:9-a, II(b).

Acupuncture detoxification specialist scope of practice shall include and is limited to the use of the five auricular acupuncture points known as shen men, sympathetic, kidney, liver, and lung: the treatment by means of the insertion of acupuncture needles in a combination of points on the ear using the standardized NADA ear protocol.

**Employee Protection:**

1. Staff must be provided education and training around safe practices as it relates to hygiene, cloth face covering use, social distancing, sanitation (cleaning and disinfection policies), and illness policies outlined in the Universal Guidelines and in this document.
2. Review and follow CDC guidance for healthcare professionals if applicable.
3. Review and follow the CCAOM clinic infection control advisory.
4. Limit visitors to the facility and use a curbside pickup or direct mail delivery for herbs, supplements, and products.
5. If there is a confirmed case of COVID-19 or potential exposure at your facility, contact the Bureau of Infection Disease Control (BIDC) at 603-271-4496.

**Client Protection**

1. Clients must be informed of new policies and procedures and provided instructions on hand hygiene, cloth face covering use, social distancing, sanitation (cleaning and disinfection policies), and illness policies.
2. Review and follow the CCAOM clinic infection control advisory

**Business Process Adaptations:**

1. Review the CCAOM clinic infection control advisory for helpful business process information.
2. Use Telehealth as much as possible to limit time patient is physically in the clinic.
3. A home-based acupuncture business must allow a separate entrance and a designated bathroom.
4. If you work in a hospital or medical office, follow guidelines issued by the facility.
5. Acupuncturists must provide to clients an additional Consent form to sign. The Consent to Treat must inform patients that despite adherence to these enhanced guidelines, there is a potential risk of exposure to COVID-19.
6. Clients must be scheduled by appointment only either online or by phone. No walk-in appointments.
7. Stagger client appointment times to allow for adequate time for cleaning and disinfecting.
8. Eliminate time spent in check out. Services should preferably be paid for electronically before arrival at the establishment. If electronic or card payment is unable to be submitted, clients are encouraged to come with cash payment or check.

9. Clients must receive pre-visit telephone consultation within 24 hours prior to their appointment to screen for symptoms of COVID-19, recent travel, or close contact to any person with suspected or confirmed COVID-19 in the prior 14 days. Standard screening questions are outlined above and in the Universal Guidelines; screening must be documented in chart notes.

10. Clients should wait in their car until the business alerts them to enter, or until the exact time of their appointment. For multi-practice offices or clinics, stagger appointments to avoid overlap of waiting clients. Allow ample time between appointments for cleaning and disinfection, and to avoid even brief interaction between clients (e.g. avoid clients passing each other as one leaves and another enters the facility).

11. Practice capacity will be based on the size of the facility and ability of the practice to maintain 6 feet of distance between people at all times.

12. For facilities that can treat multiple clients at once (by different staff), clients must be managed in separate areas with treatment tables set up in different rooms or at a least 6 feet or more apart so that each staff/client pair is always at least 6 feet from another staff/client pair. If treating multiple clients in a larger room, consider constructing barriers between treatment areas.

13. Minimize physical, social, and face to face interaction. No physical contact with clients that is not necessary to provide services (e.g. no shaking hands or hugging).

14. Waiting area should be closed and clients should enter the facility and be brought to the service area at the appointed time.

15. Remove any unnecessary clutter or items.

16. Cover any cloth or fabric items that may come into client contact with non-permeable barriers that can be cleaned and disinfected after each client.

17. Treatment table setup linens/bedding should be changed completely for each client. Use products with non-permeable barriers to cover your table, table warmers, etc. (i.e. before placing linens on the table to facilitate cleaning and disinfection of the table when linens are removed and laundered). Put similar non-permeable coverings on bolsters and pillows. Apply a ready-made face-cradle cover to your face cradle, and top it with a
pillowcase, leaving a large hammock-type pocket underneath that could catch client aerosols when they are prone. Each client will receive a completely new table setup.

18. Hands, forearms, elbows and any other body part used in the treatment of clients MUST be cleaned and sanitized before and after bodywork for each client.

19. Clean and disinfect treatment room, treatment table, other used equipment, and common areas between each client. Cleaning and disinfection should follow CDC guidance for cleaning and disinfecting your facility, including the following:
   a. Use disposable gloves to clean and disinfect. Cleaning reduces the number of germs, dirt and impurities on a surface. Disinfecting kills germs on surfaces.
   b. Use a hospital grade, EPA-approved disinfectant to disinfect anything the client came in contact with, including treatment table, face cradle, stool, bolsters, door knobs, side tables, chairs, etc.
   c. Hard (Non-Porous) Surfaces: If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. For disinfection, use EPA-approved disinfectants for use against the virus that causes COVID-19.
   d. Linens, Clothing, towels, and Other Items That Go in the Laundry: Clean and dirty linens will be stored in separate closed containers. Do not shake dirty laundry. Remove all linens, blankets, and table setups. Launder items using the warmest appropriate water setting for the items and dry items completely.

20. For each treatment room, create a checklist for disinfecting procedures to be carried out after each treatment, and daily disinfecting systems; initial and date for each instance of disinfection. Keep the completed checklists for your record. Cleaning and disinfection includes, but is not limited to:
   a. Before and After Every Client:
      i. Clean and disinfect treatment table, instrument tray, electrical implements, countertop, chairs/stools, door handle, sink, faucets, light switches, hand sanitizer pump handle, as well as any other identified high-touch surface.
   b. Daily:
      i. Clean and disinfect other high contact surfaces throughout the office (not identified to have been touched by a client).
      ii. Clean and disinfect treatment room floors (hard surface).
   c. If the floor is carpeted, consider if removal of carpet is practical. If not feasible, ensure that any visible contamination is removed and carpet is cleaned with EPA-approved products for these surfaces. Repeat and maintain cleaning regularly.

21. Laundry Procedures
   a. Wear gloves when handling used laundry. These gloves may be reusable
rubber gloves. After use, disinfect gloves according to the manufacturer’s instructions. Always wash hands before and after removing gloves.

b. Clean laundry should be stored in a closed cabinet or sealed container.
c. Sheets, pillowcases, patient coverings, cloth heating pads, mattress pads, cloth pulse pillows, or blankets cannot be re-used without laundering.
d. Roll used laundry so that areas in direct contact with patients are inside. Don’t carry used linens against the body.
e. All laundry used during a patient visit should be isolated into a closed leak-proof hamper after treatment. Use a disposable bag or reusable laundry bag that is cleaned with laundry. Hampers should be disinfected daily.
f. Commercial processing of clinic laundry is preferred. If you are processing laundry, it must be handled separately from personal items. Do not shake out laundry before washing.
g. Follow best practices for laundering soiled linens. Use hot water (70–80°C X 10 min) [158–176°F]) and approved laundry detergent. Disinfectant is generally not needed. Dry linens completely in a commercial dryer.

22. Written exposure plan
   a. Each clinic should have written an Exposure Control Plan in compliance with OSHA standard 29 CFR 1910.1030, even if you are a sole proprietor.
   b. A written plan must be reviewed and updated annually. If you already have an updated policy, you should review and revise your protocols for the prevention of the SARS-CoV-19 virus. These must be written and documented. Check with local public health agencies concerning any mandatory requirements for timeliness of review and revision of written safety protocols.
   c. Reduce scope of in-person evaluation and management to exclude prolonged bodywork (Tuina, Shiatsu, Acupressure, Amma, Gua sha, Jin shin Jitsu, Jin shin do, Polarity therapy, Reiki, Therapeutic touch, Zero Balancing; and Craniosacral therapy) and follow the massage therapy guidelines for bodywork, until approval to do so by the NH Department of Health and Human Services.